

APPENDIX A

Included Services in TCOC Calculations

Each of the Services listed below will be included in Total Cost of Care (TCOC) calculations, except for those listed as Services Not Included in TCOC Calculations or listed as Excluded Services. MassHealth reserves the right to amend or modify this list, including but not limited to further defining the services listed below as well as adding or removing services.

1. Services Included in TCOC Calculations

A. Services for MassHealth Standard and CommonHealth Enrollees

1. Acupuncture Treatment
2. Acute Inpatient Hospital
3. Ambulatory Surgery/Outpatient Hospital Care
4. Audiologist
5. Behavioral Health Services – see below.
6. Breast Pumps
7. Chiropractic Services
8. Chronic or Rehabilitation Hospital Services, up to 100 days per Contract Year
9. Emergency related dental services
10. Diabetes Self-Management Training
11. Dialysis
12. Durable Medical Equipment and Medical/Surgical Supplies
 - a. Durable Medical Equipment
 - b. Medical/Surgical Supplies
13. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
14. Early Intervention

15. Emergency Services
16. Family Planning
17. Fluoride Varnish
18. Hearing Aids
19. Home Health Services
20. Hospice
21. Infertility, related to underlying medical condition
22. Laboratory
23. Medical Nutritional Therapy
24. Orthotics
25. Oxygen and Respiratory Therapy Equipment
26. Pharmacy (Please see Section 2 below for categories of Pharmacy that are not included in TCOC calculations.)
 - a. Prescription Drugs
 - b. Over-the-Counter Drugs
27. Physician (primary and specialty)
28. Podiatry
29. Prosthetic Services and Devices
30. Radiology and Diagnostic Tests
31. Skilled Nursing Facility, up to 100 days per Contract Year
32. Therapy
 - a. Physical
 - b. Occupational

- c. Speech and Hearing
- 33. Tobacco Cessation Services
- 34. Transportation (emergent)
- 35. Transportation (non-emergent, to out-of-state location)
- 36. Vision Care (medical component)
- 37. Wigs

B. Behavioral Health Services for MassHealth Standard and CommonHealth Enrollees

- 1. Inpatient Services
 - a. Inpatient Mental Health Services
 - b. Inpatient Substance Use Disorder Services (Level 4)
 - c. Observation/Holding Beds
 - d. Administratively Necessary Day (AND) Services
- 2. Diversionary Services
 - a. 24-Hour Diversionary Services:
 - 1) Community Crisis Stabilization
 - 2) Community-Based Acute Treatment for Children and Adolescents (CBAT)
 - 3) Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)
 - 4) Clinical Support Services for Substance Use Disorders (Level 3.5)
 - 5) Transitional Care Unit (TCU)
 - b. Non-24-Hour Diversionary Services
 - 1) Community Support Program (CSP)
 - 2) Partial Hospitalization (PHP)

- 3) Psychiatric Day Treatment
- 4) Structured Outpatient Addiction Program (SOAP)
- 5) Intensive Outpatient Program (IOP)
- 6) Recovery Coaching
- 7) Recovery Support Navigator

3. Outpatient Services

a. Standard Outpatient Services

- 1) Family Consultation
- 2) Case Consultation
- 3) Diagnostic Evaluation
- 4) Dialectical Behavioral Therapy (DBT)
- 5) Psychiatric Consultation on an Inpatient Medical Unit
- 6) Medication Visit
- 7) Couples/Family Treatment
- 8) Group Treatment
- 9) Individual Treatment
- 10) Inpatient-Outpatient Bridge Visit
- 11) Assessment for Safe and Appropriate Placement (ASAP)
- 12) Collateral Contact
- 13) Acupuncture Treatment
- 14) Opioid Treatment Services
- 15) Ambulatory Detoxification (Level 2-WM)
- 16) Psychological Testing
- 17) Special Education Psychological Testing

18) Applied Behavioral Analysis for members under 21 years of age (ABA Services)

b. Intensive Home or Community-Based Services for Youth

1) Family Support and Training

2) Intensive Care Coordination

3) In-Home Behavioral Services

a) Behavior Management Therapy

b) Behavior Management Monitoring

4) In-Home Therapy Services

a) Therapeutic Clinical Intervention

b) Ongoing Therapeutic Training and Support

5) Therapeutic Mentoring Services

4. Emergency Services Program (ESP)

a. ESP Encounter

b. Youth Mobile Crisis Intervention

5. Other Behavioral Health Services

a. Electro-Convulsive Therapy (ECT)

b. Specializing

C. Services for MassHealth Family Assistance Enrollees

1. Acute Inpatient Hospital

2. Ambulatory Surgery/Outpatient Hospital Care

3. Audiologist

4. Behavioral Health Services

5. Breast Pumps

6. Chiropractic Services

7. Chronic or Rehabilitation Hospital Services, up to 100 days per Contract Year
8. Emergency related dental services
9. Diabetes Self-Management Training
10. Dialysis
11. Durable Medical Equipment and Medical/Surgical Supplies
 - a. Durable Medical Equipment
 - b. Medical/Surgical Supplies
12. Early Intervention
13. Emergency Services
14. Family Planning
15. Fluoride Varnish
16. Hearing Aids
17. Home Health Services
18. Hospice
19. Infertility, related to underlying medical condition
20. Laboratory
21. Medical Nutritional Therapy
22. Orthotics
23. Oxygen and Respiratory Therapy Equipment
24. Pharmacy (Please see Section 2 below for categories of Pharmacy that are not included in TCOC calculations.)
 - a. Prescription Drugs
 - b. Over-the-Counter Drugs
25. Physician (primary and specialty)
26. Podiatry
27. Preventive Pediatric Health Screening and Diagnostic Services

28. Prosthetic Services and Devices

29. Radiology and Diagnostic Tests

30. Therapy

- a. Physical
- b. Occupational
- c. Speech and Hearing

- 1. Tobacco Cessation Services
- 2. Transportation (emergent)
- 3. Vision Care (medical component)
- 4. Wigs

D. Behavioral Health Services for Family Assistance Enrollees

1. Inpatient Services

- a. Inpatient Mental Health Services
- b. Inpatient Substance Use Disorder Services (Level 4)
- c. Observation/Holding Beds
- d. Administratively Necessary Day (AND) Services

2. Diversionary Services

- e. 24-Hour Diversionary Services:
 - 1) Community Crisis Stabilization
 - 2) Community-Based Acute Treatment for Children and Adolescents
(CBAT)
 - 3) Acute Treatment Services (ATS) for Substance Use Disorders (Level
3.7)

- 4) Clinical Support Services for Substance Use Disorders (Level 3.5)
- 5) Transitional Care Unit (TCU)

f. Non-24-Hour Diversionary Services

- 1) Community Support Program (CSP)
- 2) Partial Hospitalization (PHP)
- 3) Psychiatric Day Treatment
- 4) Structured Outpatient Addiction Program (SOAP)
- 5) Intensive Outpatient Program (IOP)
- 6) Recovery Coaching
- 7) Recovery Support Navigator

3. Outpatient Services

g. Standard Outpatient Services

- 1) Family Consultation
- 2) Case Consultation
- 3) Diagnostic Evaluation
- 4) Dialectical Behavioral Therapy (DBT)
- 5) Psychiatric Consultation on an Inpatient Medical Unit
- 6) Medication Visit
- 7) Couples/Family Treatment
- 8) Group Treatment
- 9) Individual Treatment
- 10) Inpatient-Outpatient Bridge Visit

- 11) Assessment for Safe and Appropriate Placement (ASAP)
- 12) Collateral Contact
- 13) Acupuncture Treatment
- 14) Opioid Treatment Services
- 15) Ambulatory Detoxification (Level 2-WM)
- 16) Psychological Testing
- 17) Special Education Psychological Testing
- 18) Applied Behavioral Analysis for members under 21 years of age (ABA Services)

h. In-Home Therapy Services

- 1) Therapeutic Clinical Intervention
- 2) Ongoing Therapeutic Training and Support

4. Emergency Services Program (ESP)

- a. ESP Encounter
- b. Youth Mobile Crisis Intervention

5. Other Behavioral Health Services

- a. Electro-Convulsive Therapy (ECT)
- b. Specializing

E. Services for MassHealth CarePlus Enrollees

- 1. Acupuncture Treatment
- 2. Acute Inpatient Hospital
- 3. Ambulatory Surgery/Outpatient Hospital Care
- 4. Audiologist
- 5. Behavioral Health Services

6. Breast Pumps
7. Chiropractic Services
8. Chronic or Rehabilitation Hospital, up to 100 days per Contract Year
9. Emergency related dental services
10. Diabetes Self-Management Training
11. Dialysis
12. Durable Medical Equipment and Medical/Surgical Supplies
 - a. Durable Medical Equipment
 - b. Medical/Surgical Supplies
13. Emergency Services
14. Family Planning
15. Hearing Aids
16. Home Health Services
17. Hospice Services
18. Infertility, related to underlying medical condition
19. Laboratory
20. Medical Nutritional Therapy
21. Orthotics
22. Oxygen and Respiratory Therapy Equipment
23. Pharmacy (Please see Section 2 below for categories of Pharmacy that are not included in TCOC calculations.)
 - a. Prescription Drugs
 - b. Over-the-Counter Drugs

- 24. Physician (primary and specialty)
- 25. Podiatry
- 26. Prosthetic Services and Devices
- 27. Radiology and Diagnostic Tests
- 28. Skilled Nursing Facility, up to 100 days per Contract Year
- 29. Therapy
 - a. Physical
 - b. Occupational
 - c. Speech and Hearing
- 30. Tobacco Cessation Services
- 31. Transportation (emergent)
- 32. Transportation (non-emergent, to out-of-state location)
- 33. Vision Care (medical component)
- 34. Wigs

F. Behavioral Health Services for CarePlus Enrollees

- 35. Inpatient Services
 - a. Inpatient Mental Health Services
 - b. Inpatient Substance Use Disorder Services (Level 4)
 - c. Observation/Holding Beds
 - d. Administratively Necessary Day (AND) Services
- 36. Diversionary Services
 - 1. 24-Hour Diversionary Services
 - a. Community Crisis Stabilization

- b.** Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)
- c.** Clinical Support Services for Substance Use Disorders (Level 3.5)

2. Non-24-Hour Diversionary Services

- a.** Community Support Program (CSP)
- b.** Partial Hospitalization (PHP)
- c.** Psychiatric Day Treatment
- d.** Structured Outpatient Addiction Program (SOAP)
- e.** Intensive Outpatient Program (IOP)
- f.** Recovery Coaching
- g.** Recovery Support Navigator

37. Outpatient Services

1. Standard Outpatient Services

- a.** Family Consultation
- b.** Case Consultation
- c.** Diagnostic Evaluation
- d.** Dialectical Behavioral Therapy (DBT)
- e.** Psychiatric Consultation on an Inpatient Medical Unit
- f.** Medication Visit
- g.** Couples/Family Treatment
- h.** Group Treatment
- i.** Individual Treatment
- j.** Inpatient-Outpatient Bridge Visit

- k.** Acupuncture Treatment
- l.** Opioid Treatment Services
- m.** Ambulatory Detoxification (Level 2-WM)
- n.** Psychological Testing

38. Emergency Services Program (ESP)

- 1.** ESP Encounter

39. Other Behavioral Health Services

- 1.** Electro-Convulsive Therapy (ECT)
- 2.** Specialing

2. Services Not Included in Total Cost of Care Calculations

These services, coordinated by, but not provided by, the Contractor are not factored into TCOC calculations.

A. Services for MassHealth Standard and CommonHealth Enrollees

1. Abortion
2. Adult Day Health
3. Adult Dentures
4. Adult Foster Care
5. Chapter 766
6. Day Habilitation
7. Preventative and Basic Dental Services
8. Group Adult Foster Care
9. Intensive Early Intervention Services
10. Keep Teens Healthy
11. Personal Care Attendant
12. Pharmacy
 - a. Any drugs listed in Appendix E..
13. Private Duty Nursing/Continuous Skilled Nursing
14. Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - b. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - d. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)

15. Skilled Nursing Facility, Chronic or Rehabilitation Hospital Services beyond 100 days
per Contract Year
16. Transitional Support Services for Substance Use Disorders (Level 3.1)
17. Transportation (non-emergent, to in-state location or location within 50 miles of the
Massachusetts border)
18. Vision Care (non-medical component)

B. Services for MassHealth Family Assistance Enrollees

1. Abortion
2. Adult Dentures
3. Chapter 766
4. Chronic or Rehabilitation Hospital Services, beyond 100 days per Contract Year
5. Preventative and Basic Dental Services
6. Intensive Early Intervention Services
7. Keep Teens Healthy
8. Pharmacy
 - a. Any drugs listed in Appendix E.
9. Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - b. Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - c. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - d. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
10. Transitional Support Services for Substance Use Disorders (Level 3.1)

11. Vision Care (non-medical component)

C. Services for MassHealth CarePlus Enrollees

1. Abortion
2. Adult Dentures
3. Chronic or Rehabilitation Hospital Services, beyond 100 days per Contract Year
4. Preventive and Basic Dental Services
5. Transportation (non-emergent, to in-state location or location within 50 miles of the Massachusetts border)
6. Pharmacy
 - a. Any drugs listed in Appendix E.
7. Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - a. Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - b. Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
 - c. Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
8. Transitional Support Services for Substance Use Disorders (Level 3.1)
9. Vision Care (non-medical component)

3. MassHealth Excluded Services

Except as otherwise noted or determined Medically Necessary by EOHHS, the following services are not covered under MassHealth and as such are not included in the Contractor's TCOC.

A. Cosmetic surgery, except as determined by Contractor to be necessary for:

1. Correction or repair of damage following an injury or illness;
2. Mamoplasty following a mastectomy; or
3. Any other medical necessity as determined by the Contractor.

B. Treatment for infertility, including in-vitro fertilization and gamete intra-fallopian tube (GIFT) procedures.

C. Experimental treatment.

D. Personal comfort items including air conditioners, radios, telephones, and televisions (effective upon promulgation by EOHHS of regulations at 130 CMR regarding non-coverage of air conditioners).

E. Non-covered laboratory services as specified in 130 CMR 401.411.

F. Other services not otherwise covered by MassHealth, except as determined by EOHHS to be Medically Necessary for MassHealth Standard or MassHealth CommonHealth Enrollees under age 21. In accordance with EPSDT requirements, such services will be included in the Contractor's TCOC under the Contract.